

2024 Scope of Work
Maternal Health Innovation Grant
Project Period: 10/01/2024-09/30/2025

Agency Name: City of Milwaukee Health Department	DHS Profile ID:
Agency Team Members (Name, Role, Email): Erica Wright – Deputy Commissioner – ewrigh@milwaukee.gov Rosamaria Martinez – FCH Director – romarti@milwaukee.gov Rebecca Andersen - Grant Budget Specialist – randers@milwaukee.gov	WI DHS MCH Team Members (Name, Role, Email): Melissa Brockie, Maternal Health Innovation Coordinator, melissa.brockie@dhs.wisconsin.gov
Project Title: Maternal Health Innovation Project – Paternal Child Health: Enhancing Fatherhood Servicing to Improve Birth Outcomes	

Information about the use of this document

Purpose: This document will serve several purposes. It will be utilized to:

- 1) collaboratively develop a scope of work including a shared understanding of contracted activities/expectations between the WI DHS MHI Team and the funded agency
- 2) track and monitor progress on project objectives and activities throughout the year
- 3) provide opportunities for the funded agency to document and share accomplishments, needs for support, and ask questions of the WI DHS MHI Team
- 4) support the evaluation and monitoring of the effectiveness and impact of the Wisconsin Maternal Health Innovation Program and its priorities

The following people may be contacted with questions about the implementation of the scope of work:

Contract Monitor: Melissa Brockie, melissa.brockie@dhs.wisconsin.gov

Title V Epidemiologist/Evaluator: Meg Diedrick, meg.diedrick@dhs.wisconsin.gov

Copy the MCH inbox: DHSDPHMCH@dhs.wisconsin.gov

Equity: Equity and Racial Justice is a priority of the Maternal Health Innovation program. Agency should center the needs of BIPOC, LGBTQ+, people with disabilities and other underrepresented communities to address inequities and disparities in their efforts. Agencies should also ensure they include the voice and input of the communities they serve in planning, decision making, and implementation efforts. These efforts should be made clear throughout the Scope of Work and meaningfully integrated into project objectives, activities, and measures.

Scope of Work Template

Project Objective 1: Provide Dad Doula Cohorts to fathers/father figures across Family and Community Health (FCH) Branch Targeted Programs.		Measure(s) of Objective 1 Impact: (data source) Data shows us that “father involvement during pregnancy and maternal health have found that male involvement is associated with reduced odds of maternal depression, higher likelihood of maternal access to health services, more preparedness around birth and birth complications, and better maternal nutrition. Additionally, having a father present during the first prenatal ultrasound is associated with higher likelihood of full-term pregnancy. During infancy, partner support is associated with higher likelihood and longer duration of breastfeeding and associations between father-child dietary intake exist as early as 20 months of age (nih.gov).			
Activities Planned to Meet Objective	Start and End date	Person(s) responsible	How will progress be measured? (data source)	What should be achieved by mid-year? (March 1)	What should be achieved by the end of the year? (September 30)
Finalize Contracts/Subawards and Fiscal Processes	Q1	Erica Wright, Rebecca Andersen	Completion of all contractual documents (MHD, DHS, Subaward)	Contracts are completed, signed and fiscal/reporting mechanisms are in place.	N/A
Logistics Planning for Cohorts	Q1-Q2	MHD Leadership (Erica Wright, Rosamaria Martinez, Kathryn Schlipmann, Christina Drain) Contracted Vendor Joshua Liston	Cohorts are scheduled throughout the grant year. Venues and/or virtual platforms established for cohorts. Supplies/materials procured.	Cohorts actively implemented and ongoing throughout the year. Person(s) responsible will connect routinely to navigate any logistical issues throughout the year.	Cohorts actively implemented and ongoing throughout the year. Person(s) responsible will connect routinely to navigate any logistical issues throughout the year.

		Promo materials – informed by aforementioned group, executed by MHD Comms team.	Completed development of promotional materials to incorporate branding and cohort information – social media content, flyers, campaign opportunities, etc.		
Development of Survey Tool	Q1	MHD Leadership and Contracted Vendor Joshua Liston w/support of UBUNTU	Completion of agreed upon tool, questions and data collection mechanisms across MHD and Dad Doula (quantitative and qualitative information).	MHD Leadership and Contracted Vendor collaborate during joint meetings to develop comprehensive pre/post survey that measures increased confidence, goal attainment, increased confidence in understanding pregnancy and parenting, etc. Anticipate 2-3 planning sessions through Q1.	Evaluation (and adjustments if applicable) of survey tool by MHD Leadership and Contracted Vendor in preparation for Year 2 of grant.
Recruit participants to register Dad Doula Cohorts	Start Q1; continuous through Q4	MHD Leadership EFM/DAD/BOMB Program Staff Contracted Vendor Joshua Liston	# of people who sign up for Dad Doula cohorts (sign-in sheets/registrations). - # of father/father figures/partners referred from EFM/DAD/BOMB into the Dad Doula cohorts.	Recruit at least 7 participants (any mixture between MHD and non-MHD participants) per cohort signed up (maximum of 25 participants per cohort).	Recruit at least 7 participants per cohort signed up (with a maximum of 25 participants per cohort). Minimally 100 participants enrolled in cohorts by end of the grant year.

			<ul style="list-style-type: none"> - # of non-MHD enrolled fathers/father figures/partners enrolled in Dad Doula cohorts. <p>Promotion occurring by both MHD and Dad Doula via community outreach, social media/marketing outlets, professional networks, etc.</p>		
Implementation of cohorts	Start Q2; end Q4	Contracted Vendor Joshua Liston	# of cohorts implemented (sign-in/registrations/program documentation).	Execution of 2 cohorts per month (Two 4-hour sessions every other weekend) totaling 6 by mid-year offered to the community (cohorts to be offered no later than Q2).	Execution of 2 cohorts per month (Two 4-hour sessions every other weekend) totaling 16 by end of year offered to the community (<i>less 1 month due to vendor unavailability in Q3</i>).
Measuring Outcomes of cohorts (Enrolled MHD fathers/partners/etc.)	Start Q2; end Q4	MHD Leadership Contracted Vendor Joshua Liston with support of UBUNTU.	% of participants who complete the Dad Doula cohorts (graduation rate). Dad Doula Pre/post surveys for cohort	Execute surveys, gather testimonials and birth outcome data (grandly between Q2-Q3).	Grandly in Q4: Evaluation of birth outcomes of clients enrolled in MHD programs that participate in the Dad Doula Cohorts. Data

			<p>participants to take before and after Dad Doula sessions.</p> <p>MHD surveys administered at the end of program enrollment (per MHD Program).</p> <p>Direct Testimonials from MHD enrolled Dad Doula participants (at least 2).</p> <p># of referrals into MHD Programs from Dad Doula cohorts.</p> <p>Data Collection of Birth/Maternal Health Outcomes.</p>		<p>to be considered includes infant/maternal loss, birthing experiences, etc.</p> <p>Dad Doula Surveys show 80% of participants express an increase in knowledge, confidence, support strategies, and advocacy.</p> <p>MHD Program surveys show 80% of enrolled families that completed the Dad Doula cohorts express increased confidence, goal attainment, increased confidence in understanding pregnancy and parenting.</p>
<p>Measuring Outcomes of cohorts (non-MHD enrolled; Dad Doula Group participants only)</p>	<p>Start Q2; end Q4</p>	<p>Contracted vendor Joshua Liston with support of UBUNTU.</p>	<p>% of participants who complete the Dad Doula cohorts (graduation).</p> <p>Pre/post surveys for cohort participants to take before and after Dad Doula sessions.</p>	<p>Execute surveys, gather testimonials and birth outcome data (grandly between Q2-Q3).</p>	<p>Dad Doula Surveys show 80% of participants express an increase in knowledge, confidence, support strategies, and advocacy.</p>

			<p>Direct Testimonials from Dad Doula (non-MHD enrolled) participants (at least 2).</p> <p>Data Collection of Birth/Maternal Health Outcomes.</p>		<p>Review of birth outcomes of non-MHD enrolled participants in Dad Doula Cohorts. Data to be considered includes infant/maternal loss, birthing experiences, etc.</p>
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<p>Project Objective 2: Fatherhood Inclusion and Support Professional Development for our internal Health Department teams that provide direct service to families.</p>			<p>Measure(s) of Objective 2 Impact: (data source) Enhancing the direct services targeted Health Department programs provide to fathers/partners; developing our staff's skillsets and capacity to genuinely, equitably and competently serve fathers/partners. Research shows that an array of child and family service providers encounter barriers in practice including micro (biases, colorblindness), societal (devaluation of fathers' role), and systemic (racism, mother-centrism) (researchwithrutgers.com).</p>		
Activities Planned to Meet Objective	Start and End date	Person(s) responsible	How will progress be measured? (data source)	What should be achieved by mid-year? (March 1)	What should be achieved by the end of the year? (September 30)
Finalize Contracts/Subawards and Fiscal Processes	Q1	Erica Wright, Rebecca Andersen	Completion of all contractual documents (MHD, DHS, Subaward)	Contracts are completed, signed and fiscal/reporting mechanisms are in place.	N/A
Logistics Planning for Professional Trainings	Q1-Q2	MHD Leadership and Contracted Vendor Joshua Liston	Cohorts are scheduled. Venues and/or virtual platforms established for cohorts.	Cohorts actively implemented (Person(s) responsible will connect routinely to navigate any	Cohorts completed by all identified staff members in MHD.

			Supplies/materials procured.	logistical issues throughout the year).	
Implementation of Trainings	Q2-Q4	MHD Leadership and Contracted Vendor Joshua Liston	Execution of 2 cohorts and confirmation of all EFM/DAD/BOMB staff participation (sign-in/registrations/program documentation).	Deliver Three 3-Hour Sessions (for each of 2 cohorts) for upwards of 40 direct service staff across EFM/DAD/BOMB Programs.	Evaluation of pre/post surveys and assessment of instructors, materials, learning environment, content, etc.
Development of Survey Tool	Q1	MHD Leadership and Contracted Vendor Joshua Liston	Completion of agreed upon tool, questions and data collection mechanisms across MHD and Dad Doula.	MHD Leadership and Contracted Vendor collaborate during joint meetings to develop comprehensive pre/post survey that measures confidence, growth in considering father perspective, strategies for engaging fathers, etc. Anticipate 2-3 planning sessions through Q1.	Evaluation (and adjustments if applicable) of survey tool by MHD Leadership and Contracted Vendor in preparation for Year 2 of grant.
Implementation of Surveys	Q2-Q4	MHD Leadership and Contracted Vendor Joshua Liston	Execution of 2 cohorts and confirmation of all EFM/DAD/BOMB staff participation (sign-in/registrations/program documentation).	Pre/Post Surveys of all training participants completed and results collected/evaluated.	Evaluation of pre/post surveys and assessment of capacity building in staff (i.e. what they learned, what they take away from the trainings, action items, etc.)

Project Objective 3: Inclusion of fatherhood engagement practice enhancement into Performance Management of MHD Staff			Measure(s) of Objective 3 Impact: (data source) Take what is learned and build into programmatic practice; align with the anti-racism work of MHD, align with our strategic plan and mission/vision as a department; build accountability and performance enhancement into workforce.		
Activities Planned to Meet Objective	Start and End date	Person(s) responsible	How will progress be measured? (data source)	What should be achieved by mid-year? (March 1)	What should be achieved by the end of the year? (September 30)
Programmatic evaluation of service workflows/curriculums to identify any gaps in inclusion of fathers/partners	Q3-Q4	MHD Leadership with consultation of Contracted Vendor	Walkthroughs of existing curriculums/educational topics/tools across EFM/DAD/BOMB (Cross Walk)	N/A would not begin until Q3	EFM/DAD/BOMB to incorporate at least 1 new strategy into workflows/practice to better incorporate fatherhood engagement, navigating co-parenting relationships, etc. (may be uniform across all programs or individualized).
Incorporation of fatherhood engagement professional development in routine training/onboarding of MHD staff	Q4	MHD Leadership	Identification and incorporation of fatherhood engagement related training and resources for MHD teams.	Begin mapping of existing training resources in the community (with consultation of contracted vendor); potentially develop customized internal training if unable to identify external resource longitudinally.	Each program identifies and/or create 1 professional development resource for MHD staff to incorporate in onboarding process (may be uniform across all programs or individualized).
Performance Management Assessment and Adaptation	Q4	MHD Leadership	Adaptation/enhancement of performance	Begin work with MHD Human Resources to inform	Incorporation of at least 1 anti-

			management tools and practice	development of department-wide performance evaluation systems, tools and standards.	racism/implicit bias assessment point in supervision and 1 in performance evaluations of staff (may be uniform across all programs or individualized).
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Expectations

Agency Expectations: Fiscal and Administrative	
<ul style="list-style-type: none"> • Ensure program expenditures are allowed DHS and Office of Management and Budget guidelines. This includes contacting DHS contract monitor with requests for any changes to scope of work or budget. 	
<ul style="list-style-type: none"> • Grantees will comply with all program reporting requirements set by the Wisconsin Department of Health Services and contract monitor. The GEARS expense report form, F-00642, should be submitted monthly via email to dhs600rcars@wi.gov with a cc to the contract monitor. Be aware that the contract monitor may also request a more detailed breakdown for the reported expenses. 	
<ul style="list-style-type: none"> • Prepare monthly expenditure reports: 	
	<ul style="list-style-type: none"> ▪ Complete Expenditure Report form (F-00642).
	<ul style="list-style-type: none"> ▪ Email Expenditure Report form to both the DHS Payment Unit (dhs600rcars@wi.gov) and the DHS contract monitor.

Communication	
<ul style="list-style-type: none"> • Ensure program expenditures are allowed DHS and Office of Management and Budget guidelines. This includes contacting DHS contract monitor with requests for any changes to scope of work or budget. 	
<ul style="list-style-type: none"> • Maintain regular and ongoing communication with DHS contract monitor and the WI DHS Maternal Health Innovation (MHI) Team. <ul style="list-style-type: none"> ▪ Provide monthly updates on contract activities in the format agreed upon with contract monitor ▪ Respond to emails from DHS contract monitor within 5 business days. ▪ Attend meetings scheduled with contract monitor. Contact the contract monitor before the meeting if there is a need to reschedule. ▪ Notify WI DHS MHI Team of any staff changes, including updated contact information 	

What you can expect from your assigned DHS contract monitor:

- Ensure any changes to agency's scope of work and/or budget are documented and understood by all parties.
- Maintain regular and ongoing communication with contracted agency. Emails will be responded to within 5 business days.
- Respond to questions related to contract requirements and budgets.
- **Contract Monitor/MHI Coordinator will act as a liaison between AGENCY and MHI task force.**
- **Contract monitor will ensure accessibility to up-to-date data and draft reports, when available.**